

**Bernalillo County**  
**Request for Implementation of**  
***9-1-1 Automatic Detail Information***  
**Citizen Address Response Enhancement - CARE**  
*(The "Special" instructions you furnish will be displayed automatically to the 9-1-1 operators when you dial 9-1-1. Your name and address are currently displayed unless you have an unlisted number.)*

**Name:** \_\_\_\_\_

**Telephone Number: (505)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Special Directions to Residence (If Applicable)**

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**Special Medical Conditions of Residents (If Applicable)**

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**Other Special Instructions (Gate Code, Contact Numbers, etc)**

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**The Bernalillo County Fire/Rescue Department is authorized to make routine visits to my residence to check on the health status of:**

\_\_\_\_\_ **Yes, I want a visit**      \_\_\_\_\_ **No, I do not want a visit**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail To: Bernalillo County 9-1-1 Communication Center**  
**1 Civic Plaza NW**  
**Albuquerque, New Mexico 87102**

**For further information: 798-7005**

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